

EGE UNIVERSITY EXPERIENCE OF VESICOVAGINAL FISTULA SURGERY

Hypothesis / aims of study

Most frequent reason for vesicovaginal fistula (VVF) formation in developing countries is the obstetric trauma as a result of elongated labor while it occurs due to iatrogenic traumas in developed countries. This study aims to present the results of surgical treatment of patients with vesicovaginal fistula.

Study design, materials and methods

Between 2001 – 2013, 63 patients diagnosed as VVF underwent surgical repair. 55 of these operations were performed through vaginal approach while 8 of them were performed through abdominal approach. Before the operation a cystoscopy was performed to evaluate the location and diameter of the fistula as well as the relation of the fistula with the orifices. Average fistula diameter was 12.3 mm. In 15 patients, the fistulae were located posterolaterally of the right orifice and posterolaterally of the left orifice in 13 patients. In the remaining 35 patients, the fistulae were located behind the trigon. In cases where it was impossible to reach the fistula through vagina, a trans-abdominal route was used. During post-operative period, all patients who do not have any contraindication received oral anticholinergic drug and vaginal topical estrogen treatment. Also, a suprapubic bladder catheter was left in place for drainage for a period of 3 weeks.

Results

In 57 out of 63 patients who underwent surgical repair, the surgery was successful (%90.4). 5 of these 63 patients had previous unsuccessful VVF repair in some other centers, three of these 5 patients had the surgery transabdominally while the other two had the surgery through vaginal route. In all these secondary cases repair was successful. None of the patients experienced any intraoperative complication. However, recurrence of the fistula was observed in 6 patients. Mean diameter of fistulae in unsuccessful cases was 11 mm (8-15 mm). 4 fistulae with unsuccessful repair were located behind the trigone while the other two were located posterolaterally to the right orifice. Vaginal approach was used in all of the unsuccessful cases. One of the patients in this group received radiotherapy previously due to malignancy. Five of these patients underwent a second fistula repair surgery and in three of them the result was successful. One of the unsuccessful cases was operated for the third time and success was achieved.

Interpretation of results

VVF is a serious complication that impacts significantly the quality of life of the patient. In our clinic vaginal approach is preferred for all suitable cases since this approach provides less hemorrhage, hospitalization and morbidity. Our results showed that this method has a very high success rate.

Concluding message

Vaginal approach can also be applied to the secondary cases when it is suitable.

Disclosures

Funding: None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** It is a retrospective study **Helsinki:** Yes **Informed Consent:** No